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ABSTRACT

The need for ensuring the educational quality of experiences pursued by practitioners to satisfy their continuing education requirements and the difficulties of evaluating the experiences are addressed. Because of financial constraints placed on state regulatory boards and state professional associations, neither is equipped to handle the screening of prospective providers of continuing education courses. Professional associations have a responsibility to their members to provide leadership in establishing national recordkeeping and record-transmission mechanisms and should work closely with regulatory boards and with associations of such boards to ensure that systems for the approval of providers and recordkeeping are fully compatible. There is a need for cooperative thinking through common requirements and standards and cooperation in implementing them. Many of the problems confronting continuing education and recordkeeping result from interstate differences. Policy councils are needed within professions to deal with a wide range of issues. The Council on the Continuing Education Unit (CEU) is planning to undertake research on ways to improve the CEU. Recordkeeping systems that are described include those of: the American Association of Medical Technologists, the American Dental Association, the International Association of Boards of Optometry, the Central Registry of the Council on Dental Education, and the American Medical Association. (SW)

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CONTINUING EDUCATION RECORDS: CAN THEY WITHSTAND SCRUTINY?

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Last spring the Wall Street Journal carried an interesting report about an independent laboratory that suddenly found itself in deep trouble with a number of federal agencies. Bio-Test Laboratories is the largest of some 200 independent laboratories that test the safety of new drugs, cosmetics, pesticides and food additives. These laboratories can run tests more cheaply than the manufacturers can, and their findings have an aura of impartiality. Such impartiality is important to federal regulators who are responsible for keeping unsafe products off the market.

Recently, Bio-Test was accused of doctoring data and doing haphazard research. The Wall Street Journal writer made the following observation.

> Much more is at stake than the survival of a company. The widening federal investigation...raises the question about the quality of all U.S. animal testing, the main basis for human safety judgments about drugs and chemicals.

It may seem a bit far-fetched to link continuing education recordkeeping with biomedical testing, but there are some parallels that may be worth thinking about. Like the drug companies, users of continuing education records seldom look beyond or beneath the records to find out what the numbers mean or what a score connotes.

State licensing boards or professional associations are not fully aware of the extent to which they must now accept continuing education records on faith. They must have faith that the courses for which they grant credit are sound, up-to-date, and well-taught. They must have faith that the credits reported on the transcript signify that the individual in question achieved the objectives of the course.

Were these users to look beneath the surface of the continuing education record, they might be troubled by what they found, especially the enormous variability in standards and quality and the lack of uniformity as to what continuing education credits signify.

Mandatory continuing education has been presented to state legislators and to professional associations as a way of insuring the continued competence of professionals. Many trade and professional groups have actively lobbied for legislation that makes continuing education a requirement for license renewal. Indeed, legislators have been so

convinced by the arguments offered by proponents of mandatory continuing education that they have sometimes extended this requirement to groups that did not ask for it. In addition, a number of professional associations have made continuing education a requirement for continued membership.

Some disenchantment is already setting in as legislators begin to recognize that licensees can take almost any courses they want to in order to satisfy the continuing education requirement. Nothing in the system requires licensees to identify their areas of weakness, nor are they required to take courses, or pursue other types of learning experiences that will help overcome these competency deficiencies.

Last year a Regulatory Review Task Force in California was given the responsibility of making an in-depth study of 17 regulatory boards, including pharmacy and dentistry. The Task Force reports on these professions urged the legislature to repeal mandatory continuing education because of a lack of any demonstrated relationship between mandatory continuing education and continued competence.

In such a climate--where doubts are being cast on the efficacy of mandatory continuing education--a look beneath the surface, to find out what underlies those official-looking continuing education records, might further undermine confidence in the ability of this practice to accomplish what its proponents have promised.

In fairness to regulatory boards--and to some extent, professional associations as well--we should acknowledge that they are caught in a bind not entirely of their own making. Proponents of mandatory continuing education often pressed for the requirement without at the same time seeking the funds needed to implement sound programs. It may have been naivete on their part. Perhaps they really thought the work involved in managing continuing education could be absorbed by the existing staff without additional funding. Or they may have deliberately neglected to point out the administrative costs that continuing education would entail. To do so might have made it harder to get the programs adopted.

Whatever the reasons, we often find mandatory continuing education programs--governmental or associational--lacking in personnel and resources to do the job. This explains why state boards have not been able to conduct adequate investigations of organizations seeking to provide continuing education courses to determine whether their offerings are of sufficiently high quality to warrant acceptance for credit toward satisfying the continuing education requirement.

Many boards and associations have had to fall back on indirect techniques for evaluating continuing education offerings. It is not at all surprising that they should adopt a pattern that resembles the widely accepted accreditation process for granting recognition to professional education

institutions and programs. The accreditation process generally involves self-study by the institution, followed by site visits to determine whether the institution meets the standards of the accrediting agency. Once the overall soundness of the institution or program has been established, no further attempt is made to evaluate individual courses. The quality of courses is accepted because the institution has established its credibility, integrity, and adherence to standards.

While the technique adopted by many regulatory boards and professional associations resembles the accreditation process, it falls short in several important respects. Rarely, if ever, is a self-study by the applicant institution required, and rarely are site visits conducted. The approval process usually involves only a review of an application submitted by a would-be provider. This may be all the user can afford. It may be the best that can be done under the circumstances. However, paper reviews have serious limitations. If the approval process is flawed, then everything that follows, and everything that appears on the record, is also likely to be flawed.

Those who must make judgments about the acceptability of courses are confronted with an enormous task. They must deal with tremendous diversity among would-be providers even within their own states. The range of potential providers is very broad. At one end of the range, one finds prestigious, well-known, fully-accredited professional schools and other institutions of higher education. Then there are professional associations and employing institutions such as hospitals. Finally come the entrepreneurial enterprises in the private sector, which may vary in quality from very good to the very marginal.

Making sound judgments about providers is difficult enough when applicants are all from within the state, where most institutions are known, and where qualifications and capabilities of faculty can be checked by informal contacts within the professional networks. However, practitioners do not confine their continuing education activities to their home states. They attend conferences and workshops in other states and sign up for courses at institutions with which their boards and associations have little familiarity. Efforts to extend the already shaky approval process have become increasingly hazardous, especially as the paper workload increases, and as lines of communication become more tenuous. Let us face it, regulatory boards and professional associations were not set up to serve as continuing education clearinghouses, yet this is what they have been forced to become in order to administer their continuing education requirements.

Another factor compounding the problem is the multiple licenses and multiple memberships held by practitioners. Each state board and each professional association is a law unto itself when it comes to deciding which course it will or will not accept toward satisfying its continuing education requirement. A practitioner seeking to comply is faced with

endless correspondence, a burden on himself and an even greater burden on the boards and associations that have to cope with an avalanche of inquiries.

It is not surprising that practitioners faced with the requirements of multiple licensure and multiple memberships have turned to their national organizations for help. These national groups, ever ready to serve, have responded by establishing central registries. One of the best known of these central record-keeping agencies was established by the American Association of Medical Technologists. It is called PACE, an acronym for Professional Acknowledgement for Continuing Education. The PACE system charges providers a fee for evaluating their course offerings. This is done on a course-by-course basis.

Medical technologists who enroll in the system receive preprinted cards. Each time an individual engages in an activity that is eligible for credit, he or she returns one of the cards to the PACE registry, which in turn, generates reports that summarize all types of continuing education activities--credit courses that count toward an advanced degree and nondegree courses that grant recognition in the form of Continuing Education Units (CEUs). And then there are IEUs, which stand for Individual Education Units. We shall have more to say about CEUs and IEUs in a moment.

There are many different approaches to recordkeeping, and these attest to the ingenuity of association people and others in finding ways to solve a variety of difficult and complex problems. However, I shall not dwell on the mechanics of recordkeeping except as it may shed light on broader issues.

The central registry established by the Council on Dental Education in 1972 is a case in point. The mechanics of the registry is relatively simple and the cost to participants, almost negligible--about $3.00 a year. Each participating dentist or dental auxiliary is provided with a deck of preprinted cards, similar to those used by PACE. However, instead of having each participant return his or her card to the central registry, as in PACE, the dentist or auxiliary turns in a card to the sponsor each time he or she takes a course. All these cards are then placed in a special course information envelope and sent to the central registry where the information from the information envelope is recorded and punched into the individual cards. Every six months, a computer printout is sent to each registry participant listing all course credits earned during the six-month period, plus a cumulative total for the current period. An identical printout is sent, depending on the individual, either to the state board of dental examiners or to the constituent society.

As a condition for participation in the dental registry each state board and each constituent society has to agree to accept any continuing education credits received from an approved provider in another state.

Thus, each state relies on the approval process adopted in other states. Each board and each constituent society places its trust in the thoroughness with which providers have been screened. This too is an act of faith because states rarely know in detail what criteria or procedures are being used by other states. Yet, to participate in the registry, they must agree to honor any credits earned from any provider approved by another state.

Although the mechanics of recordkeeping worked quite well, the American Dental Association (ADA) leadership was troubled by the lack of uniform standards for approval of courses and sponsors. They convened a conference in Chicago in April 1978, which was attended by 270 representatives of state dental societies, licensing boards, educational institutions, national dental organizations, and related groups. The purpose of the meeting was to consider a proposal for achieving greater uniformity among the states in the approval process. The proposal was accepted with minor modifications and is now awaiting final action by the ADA House of Delegates.

This action by the dental profession is significant because it recognizes that, in the absence of standard procedures for evaluating individual courses, heavy reliance must be placed on the procedures used to approve providers. Moreover, unless there is uniformity in standards across states the integrity of the system is destroyed. As long as state boards and constituent societies are expected to honor course credits issued by out-of-state providers, there must be assurance that comparable standards for provider approval are being used by all states.

The International Association of Boards of Optometry (IAB) is considering a different tack. Instead of striving for uniformity across states, the IAB would like to give states maximum flexibility in making their own determinations as to what courses they want to accept. IAB has been exploring with Educational Testing Service the applicability of the ACCESS record-keeping system to its problem. Under the proposed plan, all providers of courses in optometry would submit detailed descriptions of their courses to IAB which, in turn, would disseminate them to states for approval. Thus, each state, or each constituent society, would make its own determination. Each one would notify ACCESS as to whether or not it would accept a given course for credit. This information would be stored in the computer. Indeed, information about all continuing education courses, whether approved or not by any state, would be entered into the data bank. The computer memory would know which courses have been approved by which states.

A participant would register for a course using an embossed plastic ACCESS identification card that resembles a credit card and eliminates all ambiguities regarding the practitioner's identity. The card would contain the optometrist's name and primary license number as well as the numbers of the licenses held by that individual in other states. The card would be used to imprint a three-part registration form.

At the end of each course taken, the optometrist would receive a validated copy of the registration form showing course completion. The second copy would be kept by the sponsor, and the third copy would be sent to the ACCESS data bank to be recorded on the individual's record. Each participating optometrist would receive an annual transcript of entries in the system during the current licensing cycle. This would show the total number of credits accumulated in each state, along with the requirements for each state. In this way, the licensee could tell at a glance whether he or she had satisfied the continuing education requirements, and if not, where deficiencies existed.

Each of the record-keeping systems discussed thus far is built around formalized instruction offered by an association or board approved provider. But one might ask, what about learning experiences that do not come neatly packaged, carrying the seal of approval of an educational institution or some other type of organization?

The American Medical Association (AMA) is one of the first professional groups to take cognizance of continuing education that occurs outside the approved institutional setting. In its Physician Recognition Award (PRA) program (which is a voluntary, not a mandatory program), a physician seeking such recognition must show 150 hours of continuing education experience, accumulated over a three-year period. At least 60 of these credits must come from Category I. Providers in Category I are organizations accredited for continuing medical education by AMA's Council on Medical Education. Included are certain medical schools, specialty societies, voluntary health associations, state medical associations, and certain other groups such as regional consortia. Category I providers are similar to the institutions and organizations discussed earlier. By and large, they provide structured learning experiences.

However, Categories II-VI cover a wide range of other activities: courses from nonaccredited sponsors, medical teaching, published papers and books, self-instruction, consultation, patient review activites (such as serving on a PSRO team), self-assessment, and other "meritorious learning experiences." To collect information about participation in such activities, the physician may instruct his or her secretary to go through the appointment calendar and office records and dig out education and travel expense records showing dates, places, and sponsorship of all CME activities in which the physician participated. All activities that are not self-explanatory must be accompanied by a sufficiently detailed explanation to enable judgments to be made as to whether or not they qualify for credit. The complete file is sent to AMA in Chicago for review by the AMA staff. If the information meets the criteria established by AMA, a recognition award is issued. AMA keeps no records of its own, nor does it independently verify the records presented. The entire program hinges on the accuracy and trustworthiness of the reconstructed record of the applicant.

Several states will accept the PRA as satisfying their continuing education requirement for relicensure on the assumption that anyone satisfying the AMA standards meets or exceeds the state's own standards.

The idea of granting credit for nonstructured educational experiences, such as those covered by PRA Categories II-VI, carries great appeal. However, implementation of the concept is another matter. The PRA information booklet hints at the complexity of evaluating such unstructured experiances by setting forth criteria as to what will or will not be accepted. A few examples will illustrate what we mean. Category III, for example, deals with credit for medical teaching. While student contact teaching is acceptable for up to 45 credit hours, time spent revising teaching materials to bring them up-to-date may not be counted. In Category IV, papers, books, and presentations to medical audiences are acceptable for up to 40 hours credit, but a physician may claim credit only once for the scientific information provided.

It is interesting to note that the PRA information booklet specifically states that no credit can be taken for service in councils, committees, task forces, medical societies, hospitals, or other professional groups. It also specifically excludes serving on a board of medical examiners or as a member of a community organization that plans or administers health services.

Unfortunately, many state professional societies and licensing boards have written such loose criteria that almost anything one does--no matter how remotely related to increasing competence--may be counted for credit. In Iowa, for example, to comply with state law, the Professional Engineer and Land Surveyor Board requires 80 hours of continuing education credit for relicensure. The board has proposed granting 40 hours of continuing education credit to any engineer or land surveyor who is engaged in full-time practice. Thus, a person in full-time practice can meet half the continuing education requirements for relicensure just for doing whatever he or she has been doing right along--be it well or poorly. The board also specifies that each licensee must earn at least 15 formal credits a year and 25 nonformal credits. The formal credits may come from a variety of activities, including teaching, publishing a paper, or giving a paper at a professional meeting. An engineer can also satisfy the formal requirement by taking a one-semester course at a university once every three years, since a one-semester course carries 45 professional credits and only 15 such credits are needed each year.

Nonformal credits are granted for self-study, reading, attendance at technical meetings, and participation in the activities of local state and national professional societies. Licensees are not required to document the relevance of these activities or that any learning has taken place. Licensees need only report that they have attended or participated in such activities, and they are practically home free as far as satisfying the relicensure requirement is concerned.

I do not wish to dwell any longer on the variability of standards, for it should be obvious by now that a great deal of research and development work remains to be done. Most of the attention, thus far, has been focused on approval of courses offered by organizations, especially those that meet the standards for granting CEUs. Much less attention has been paid to individualized learning, yet, increasingly, people are recognizing that ways must be found to preserve flexibility to allow practitioners to pursue their own learning goals in their own ways. For a variety of reasons, those who mandate continuing education have accorded a higher value to learning pursued under institutional auspices, and have tended to play down independent study, learning from colleagues, preceptorships, and other paths to personal and professional growth. A major barrier has been our inability to monitor such learning. We have assumed--naively at times--that participation in learning experiences offered within an institutional setting can be trusted and accorded recognition with greater confidence than learning pursued outside the institutional setting.

I can understand why there may be reluctance to accept unsubstantiated reports that certain activities have been engaged in or certain skills acquired. But, the process need not be as unstructured or chaotic as it might appear to be at first glance. Some progress has been made in the area of nontraditional education, where learners enter into rather formal contracts with a mentor representing the credit-granting institution. Such contracts may stipulate the goals or expected outcomes, how these are to be achieved, and by what methods and standards achievement will be evaluated. We need to give more thought to establishing a credible system for evaluating learning through individualized experiences. I am not suggesting that it will be easy or that it can be done without incurring substantial costs, but, as we have learned from our experience with the CEU, every social invention involves both social and economic costs. Unless we are willing to face up to these costs, the invention may fall short of realizing its potential or fulfilling the goals envisioned by its progenitors.

With this audience there is no need to go into the history of the CEU. Most of you are more familiar than I am with why and how the CEU came into being and the ways in which the Task Force on the CEU has endeavored over the years to sharpen and strengthen the criteria and guidelines so that the CEU would be accorded recognition by users and accepted with confidence, both in academic and nonacademic circles. The success of its effort is attested to by results of a survey recently conducted by Educational Testing Service on behalf of the newly established Council on the Continuing Education Unit. The survey indicates that the number of individual learners to whom CEUs have been awarded is now in excess of half a million, and, if the present rate of growth is maintained, the number should exceed a million learners by 1980 and perhaps two million by 1982.

These are mind-boggling figures. The sheer momentum generated by the rush to adopt the CEU has sometimes obscured what it signifies. Everyone

knows that it signifies 10 contact hours of participation in an organized continuing education experience under responsible sponsorship, capable direction, and qualified instruction.

Yet the CEU continues to be perceived by many as connoting mere attendance, not educational attainment. Despite efforts by the Task Force to emphasize the need for meaningful evaluation of learning outcomes, critics say the lack of evaluation is the most serious weakness of the CEU. Anyone examining a continuing education record can be reasonably sure that the requisite number of hours of instruction were provided and that the individual in question was physically present. But the user has no way of knowing to what extent the provider sought to evaluate learning outcome. Was the provider satisfied with simply taking attendance? Was an evaluation questionnaire distributed to get participant reactions to the course? Was a little quiz given at the end of the course? Or was a more intensive effort made to determine whether learning had occurred? There is no way of finding out about the nature or the quality of the evaluation by looking at the record. The record of anyone who participated--or was physically present--would show the same number of continuing education units.

This fact is not well understood by legislators who have mandated continuing education or by board and association officials who have established the ground rules for satisfying the requirement. Those who do not feel that mandatory continuing education is a sound way of achieving continued competence among licensed professionals rarely pass up an opportunity to point out that the requirement can be satisfied merely by attending approved courses and, thereby, garnering the requisite number of CEUs without having to demonstrate that learning has taken place or that one's competence has been enhanced.

Defenders of the CEU can, of course, point to the guidelines that strongly urge that evaluations be conducted and suggest a number of practical approaches. Nevertheless, evaluation continues to be a major stumbling block to acceptance of the CEU. That is why I was so pleased to learn about the formation of the Council on the Continuing Education Unit, and especially about its proposal to establish a Commission on the Assessment of Student Learning in Noncredit Continuing Education. The prospectus being submitted to foundations in an effort to secure funding indicates that the Commission would focus on the following concerns:

a. The methodologies of assessment in noncredit continuing education with special thrust toward trying to identify methodologies that contribute positively to the learning process.

b. Uses and needs for assessment information. User and student attitudes. Who wants assessment information and for what purposes?

c. An analysis of the impact of assessment on student learning.

d. Assessment or nonassessment in mandatory continuing education. Can the objectives of mandatory continuing education be achieved without direct assessment of the student?

This could be an exciting and extremely worthwhile investigation. I hope that cost effective yet dependable evaluation methods can be devised that will increase the confidence of users in the CEU, without destroying the spontaneity and informality of the adult learning environment.

Let me try now to pull some of the strands together to see what implications these observations may have for improving recordkeeping in continuing education.

As you may have gathered, I am less concerned about the mechanical aspects of recordkeeping than I am with what underlies the record. My principal concern has been with the educational quality of the experiences pursued by practitioners to satisfy their continuing education requirements. Unless procedures are installed to insure the educational quality of courses offered by continuing education providers, there is a danger that much of the time, effort, and money that goes into continuing education will be wasted. If this happens, continuing education will add to the cost of services provided by professionals without significantly enhancing the quality of services or assuring the public that those providing services are competent.

My discussion of the financial constraints placed on state regulatory boards and state professional associations suggests that neither is equipped to handle the screening of prospective providers of continuing education courses. Increasingly, practitioners are seeking their continuing education experiences in a national market, and the approval mechanism must be capable of dealing effectively and efficiently with provider applicants throughout the nation. Professional associations have a responsibility to their members to provide leadership in establishing national recordkeeping and record-transmission mechanisms.

Professional associations should endeavor to work closely with regulatory boards and with associations of such boards to insure that systems for the approval of providers and recordkeeping are fully compatible.

Similarly, ways must be found to achieve greater congruence in the continuing education requirements established by regulatory boards as a condition of relicensure and by professional associations as a condition of membership maintenance. True, each group has the right to assert its autonomy by establishing unique requirements. But, before doing so, groups should ask themselves whether such action will significantly enhance the competence of the practitioner and the quality of

service to the public. My own view is that more is to be gained by boards and associations cooperatively thinking through common requirements and standards, and joining forces to implement them, than in each going its separate way. In the last analysis, the regulatory board has a legal responsibility to see that mandatory continuing education requirements satisfy the intent of the legislature. I would hope that professional societies would lend their support and assist boards in carrying out this responsibility.

Many of the problems besetting continuing education--and ultimately continuing education recordkeeping--result from interstate differences. Professional associations and associations of examiners in the various professions have an opportunity to provide leadership and consultation regarding ways to achieve greater uniformity in such matters as standards and the mechanics of reviewing applications from would-be providers. But, where do such standards come from? Clearly, policy councils need to be established within professions to deal with a wide range of issues, including some we have not even mentioned, such as maintaining the confidentiality of records.

However, beyond such practical concerns, there remains a broader concern to devise strategies that will optimize self-motivated professional development. What role, for example, can self-assessment play in identifying educational and training needs of practitioners? Can the results of self-assessment be used to tailor programs of group and individualized instruction more closely to the needs of the practitioner?

We have already noted that the Council on the Continuing Education Unit plans to undertake research on ways to improve the CEU. Such efforts merit your support. But what about a comparable effort to encourage continuing education activities outside the institutional structure? Does the contracting approach developed by nontraditional educators hold any promise as a device to individualize continuing education? Is there any way to make the IEU a respectable counterpart of the CEU?

I see the recordkeeping function as a focal point where questions like these need to be raised. Perhaps as we look beneath the surface of our records, we will be able to see more than their shortcomings and imperfections. Perhaps we will see in these shortcomings the challenge to undertake the research and to develop and try out creative solutions that may yet enable continuing education to fulfill its potential for enhancing continued competence as its proponents have promised.